



## IN THE 21ST JUDICIAL CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

FILED

Judge or Division: SANDRA FARRAGUT-HEMPHILL	Case Number: 16SL-PN02295 Court ORI Number: MO095015J	MAY 17 2016
Petitioner: SHERLYNN LOUISE HAYNIE	MSHP Number: <b>JOAN M. GILMER</b> vs. Responsible Law Enforcement ORI: <b>CIRCUIT CLERK, ST. LOUIS COUNTY</b>	
Respondent: PAUL BREDENKAMP	Related Cases:	(Date File Stamp)
Alias/Nicknames:	Respondent's Home Address: Home Phone Number:	
Respondent's DOB: Age: 56 SSN (if known, last four digits): Race: White Sex: M Hair Color: Unknown or Completely Bald Eye Color: Brown Height: 66" Weight: 180 lbs. (Identifying Information for use by Law Enforcement)	Respondent's Work Address: 5463 PHANTOM HAZELWOOD, MO 63042 Work Phone Number: Work Hours: Other Locations Where Respondent May Be Served:	
Visible Identifying Marks (e.g. tattoos, birthmarks, braces, mustache, beard, pierced ear, glasses):	Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination: <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren) in common <input type="checkbox"/> Former spouse <input type="checkbox"/> Intimate residing/resided together <input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature <input type="checkbox"/> Related by blood. Define relationship: _____ <input type="checkbox"/> Related by marriage. Define relationship: _____ <input type="checkbox"/> Residing/resided together; no intimacy <input checked="" type="checkbox"/> Stalking. Define relationship: NO RELATIONSHIP	

**Adult Abuse/Stalking Notice of Hearing on Full Order of Protection**

Petitioner has filed a verified petition (copy attached) requesting an Order of Protection against you. The hearing on the verified petition will be in **DIVISION 3** of the Circuit Court of **ST. LOUIS COUNTY**, in **CLAYTON**, Missouri at **09:30 AM**, on **06-JUN-2016**.

5/17/16  
Date

je  
Judge/Clerk

**If you have a disability requiring special assistance for your court appearance, please contact the court at least 48 hours in advance of the scheduled hearing date and time.**

**Notice to Respondent**

You are notified that under section 455.050, RSMo, if the court finds in favor of Petitioner or you default, the court may grant any of the following forms of relief:

1. Order you not to commit or threaten to commit domestic violence, stalk, molest or disturb the peace of Petitioner wherever Petitioner may be;
2. Order you not to enter upon the premises of the dwelling of Petitioner;
3. Order you not to transfer, encumber or otherwise dispose of mutually owned or leased property;
4. Grant Petitioner temporary possession of specified personal property;
5. Order you to participate in court approved counseling for batterers and/or substance abuse treatment;
6. Award custody of minor children;
7. Establish a visitation schedule;
8. Order you to pay child support and/or maintenance to Petitioner;
9. Order you to make an assignment of earnings or other income;
10. Order you to pay Petitioner's rent or mortgage;
11. Order you to pay for housing or other services provided to Petitioner by a shelter;
12. Order you to pay court costs;
13. Order you to pay Petitioner's attorney fees;
14. Order you to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by you;
15. Temporarily enjoin you from communicating with Petitioner in any manner or through any medium.

IN THE 24<sup>ST</sup> JUDICIAL CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

## Adult Abuse/Stalking Petition for Order of Protection

Notice to Petitioner: Respondent will receive a copy of this petition with service.

FILED

Judge or Division:  3	Case Number: 16SL-PN 02295 Court ORI Number: MO095015J MSHP Number: Responsible Law Enforcement ORI: Related Cases:	MAY 17 2016
Petitioner:  Sharilynn Haynie	vs.  Respondent: Paul BREDEN Kamp	JOAN M. GILMER CLERK, ST. LOUIS COUNTY (Date File Stamp)
Alias/Nicknames:	Respondent's Home Address:  N/A	
Respondent's DOB: Age: 50	Home Phone Number:  Respondent's Work Address:  5446 3 <sup>rd</sup> Phantom HAZELWOOD, MO 63042	
SSN (if known, last four digits): Race: Caucasian Hair Color: Bald Eye Color: Brown	Height: 5'6 Weight: 180	Work Phone Number: Work Hours: 23.00 - 07:50 (11pm - 7:30pm)
(Identifying Information for use by Law Enforcement)		
Other Locations Where Respondent May Be Served:		
<p>Petitioner's Relationship to Respondent pursuant to 18 U.S.C. §§ 921(a)(32) and 922(g)(8) determination:</p> <p><input type="checkbox"/> Spouse      <input type="checkbox"/> Child(ren) in common  <input type="checkbox"/> Former spouse      <input type="checkbox"/> Intimate residing/resided together  <input type="checkbox"/> Are/were in a continuing social relationship of a romantic/intimate nature  <input type="checkbox"/> Related by blood. Define relationship: _____  <input type="checkbox"/> Related by marriage. Define relationship: _____  <input type="checkbox"/> Residing/resided together; no intimacy  <input checked="" type="checkbox"/> Stalking. Define relationship: <u>No relationship</u></p>		
<h3>I. PETITIONER INFORMATION</h3> <p>1. I am Petitioner and <input checked="" type="checkbox"/> at least 17 years of age <input type="checkbox"/> under 17 but emancipated    2. I reside in <u>Florissant</u> (city), <u>MO</u> (state),    in the County of <u>St. Louis</u>.</p>		
<h3>II. RESPONDENT INFORMATION</h3> <p>3. Respondent is <input checked="" type="checkbox"/> at least 17 years of age or emancipated <input type="checkbox"/> under 17    4. Respondent may be found in _____ (city), _____ (state),    in the County of _____.</p>		
<h3>III. LOCATION WHERE DOMESTIC VIOLENCE OR STALKING OCCURRED</h3> <p>5. An act of domestic violence or stalking occurred at _____    (address), _____ (city), _____ (state), in the County of _____.</p>		

Relationship with Respondent6. Respondent and I: (check one or more) reside together. previously resided together at \_\_\_\_\_ (address),  
(city), \_\_\_\_\_ (state), in the County of \_\_\_\_\_  
 never resided together.Residency7. The residence in which I live is: (check one or more)

jointly owned, leased or rented or jointly occupied by Respondent and me.

owned, leased, rented or occupied by me.

jointly owned, leased, rented or occupied by me and someone other than Respondent.

owned, leased, rented or occupied by someone else, and Respondent is my spouse.

jointly occupied by me and another person, and Respondent has no property interest therein.

Custody

List only the children that the Petitioner and Respondent have in common. The court cannot change custody if a prior order regarding custody is pending or has been made.

8. It is in the best interest of the minor children that custody be awarded as follows:

<u>Child's Name</u>	<u>SSN (last 4 digits only)</u>	<u>Age</u>	<u>Address</u> (If other than Petitioner)
1. <u>Nla</u>	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Who did each Child reside with during last six monthsPersons to Receive  
CustodyCustody  
(check one or both)

<u>Temporary</u>	<u>Full</u>
<input type="checkbox"/>	<input type="checkbox"/>

(If necessary, attach additional sheets.)

## V. COMPLETE FOR STALKING PETITION ONLY

9. Respondent is stalking me. Explain relationship (example: co-workers, neighbors, etc.)

## VI. COMPLETE FOR ALL CASES

10. Indicate any prior or pending custody court cases before, or orders entered by, this court or any other court involving the following parties. Indicate the case numbers.  
(If none, so state):Nla

a. Petitioner \_\_\_\_\_

b. Respondent \_\_\_\_\_

c. Children (identified in item 9) \_\_\_\_\_

11. Respondent has knowingly and intentionally: (check at least one)

<input type="checkbox"/> caused or attempted to cause me physical harm	<input type="checkbox"/> sexually assaulted me
<input checked="" type="checkbox"/> placed or attempted to place me in apprehension of immediate physical harm	<input type="checkbox"/> unlawfully imprisoned me
<input type="checkbox"/> coerced me	<input checked="" type="checkbox"/> followed me from place to place
<input checked="" type="checkbox"/> stalked me	<input type="checkbox"/> threatened to do any of the above
<input checked="" type="checkbox"/> harassed me	

by the following act(s): (Include the most recent date(s) of each act described.)

ON 3/24/16 HAZELWOOD POLICE called to 5463 Phantom  
RESPONDENT threatened to fire me if I didn't perform  
O&A sex on him

12. I am afraid of Respondent and there is an immediate and present danger of domestic violence to me or other good cause

REPORTED TO AUTHORITIES AT WORK; I BELIEVE I HAVE  
SEEN RESPONDENT MORE THAN (5) TIMES FOLLOWING ME  
AND IN MY NEIGHBORHOOD WHERE I LIVE. I FEAR  
REPRISAL & I NEED TO PROTECT MYSELF FROM THIS INDIVIDUAL

13.  Photographs/Exhibits are filed as evidence of my injuries.

#### VII. PETITIONER'S REQUESTS

14.  Order Petitioner's residential address on voter's registration record to be closed to the public.

15. Pursuant to section 455.010 to section 455.085 RSMo, it is requested that the court issue an Ex Parte Order of Protection restraining Respondent from: (check all that apply)

<input checked="" type="checkbox"/> committing or threatening to commit domestic violence, molesting or disturbing the peace of Petitioner wherever Petitioner may be found.
<input checked="" type="checkbox"/> stalking Petitioner.
<input type="checkbox"/> entering the dwelling of Petitioner located at (see notice below)

<input type="checkbox"/> entering the premises of the Petitioner's school, located at _____
<input type="checkbox"/> entering onto the premises of the Petitioner's place of employment, located at _____
<input checked="" type="checkbox"/> come within _____ (feet) of the Petitioner.
<input checked="" type="checkbox"/> communicating with Petitioner in any manner or through any medium.
<input type="checkbox"/> other: _____

#### Additional Requests:

It is further requested that, upon the hearing of this cause, the court also issue a Full Order of Protection enjoining Respondent from the above acts for such time as is necessary to protect Petitioner and that the court: (one or more may be selected)

#### Custody

16.  Award custody of the minor child(ren) to  Petitioner  Respondent.

17.  Order visitation with the minor child(ren) to  Petitioner  Respondent as follows:

N/A  
N/A

#### Child Support/Maintenance

18.  Order  Petitioner  Respondent to pay child support to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

19.  Order  Petitioner  Respondent to pay maintenance to  Petitioner  Respondent in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

20.  Order that Respondent make or continue to make the rent or mortgage payments in the amount of \$ \_\_\_\_\_ (check one)  per week  per month on the residence occupied by Petitioner.

21.  Order that Respondent pay Petitioner's rent at a residence, other than the residence previously shared with Respondent, in the amount of \$ \_\_\_\_\_ (check one)  per week  per month.

22.  Order Respondent to pay a reasonable fee for housing and other services provided to Petitioner by a shelter for victims of domestic violence.

23.  Order Respondent to pay the cost of medical treatment or services provided to Petitioner as a result of injuries sustained by an act of domestic violence committed by Respondent.

**Personal Property**

24.  Order that Petitioner be given temporary possession of the following personal property:

25.  Prohibit Respondent from transferring, encumbering, or otherwise disposing of the following property mutually owned or leased with Petitioner:

**Counseling/Treatment**

26.  Order Respondent to participate in a court-approved counseling program designed for  batterers and/or  substance abuse.

**Costs/Fees**

27.  Order Respondent to pay court costs.

28.  Order Respondent to pay Petitioner's attorneys fees.

**Other Orders**

29.  Order the full order of protection issued for one year be automatically renewed unless Respondent requests a hearing by 30 days prior to the expiration of the order.

30.  Other (specify):

**VIII. PETITIONER'S SIGNATURE**

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief. I understand that a copy of this petition will be served on the respondent.

05/17/2016

Date

*Sherlynn Haynie*  
Petitioner's Signature  
4001 Ashbury Crossing Dr.  
Address (Optional)  
Florissant, MO 63034  
City, State and Zip  
(314) 837-1836  
Telephone

Attorney's Name, Missouri Bar No., If Applicable

Address

City, State and Zip

Telephone

**NOTICE:** Section 455.030.3, RSMo provides that a Petitioner seeking protection under the Domestic Violence Act is not required to reveal any current address or place of residence on this motion. Do not provide this information if doing so will endanger you.